Doc Code: _____

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
for FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($)	$790.00

Complete if Known

Application Number	10/705,693
Filing Date	11/10/2003
First Named Inventor	AUBART, M. et al
Examiner Name	Sanders, Kriellion Antionette
Art Unit	1714
Attorney Docket No.	IR 3663 CIP

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METHOD OF PAYMENT (check all that apply)

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): _____

☒ Deposit   Deposit Account Number: ___01-2717___   Deposit Account Name: ___31684___

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or any underpayments of   ☒ Credit any overpayments
fee(s) under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee ($)	SEARCH FEES Fee ($)	SEARCH FEES Small Entity Fee ($)	EXAMINATION FEES Fee ($)	EXAMINATION FEES Small Entity Fee ($)	Fees Paid($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims Fee ($)	Multiple Dependent Claims Fee Paid ($)
____ - 20 or HP =	____ x	$50.00 =	$0.00	____	____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
____ - 3 or HP =	____ x	$200.00 =	$0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee ($)	Fee Paid ($)
____ - 100 =	0 / 50	0 (round up to a whole	x $250.00	=	$0.00

4. OTHER FEE(S)
Non-English specification, $130 fee (no small entity discount)

	Fee Paid ($)
Other (e.g., late filing surcharge): Request for Continued Examination (RCE)	$790.00

SUBMITTED BY

Signature	[signature]	Registration No. (Attorney/Agent)	42,110	Telephone	215-419-7314
Name (Print/Type)	Thomas F. Roland, Esq.			Date	09/06/2006